## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

Q 76570

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                           |               |                               | (Column 2)   |                  |          | SMALL ENTITY TYPE  |                        | OR | OTHER THAN R SMALL ENTITY |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|---------------|-------------------------------|--------------|------------------|----------|--------------------|------------------------|----|---------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                           | 3             |                               |              |                  | Γ        | RATE               | FEE                    | ]  | RATE                      | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                           | NUMBER FILED  |                               | NUMB         | ER EXTRA         | E        | BASIC FEE          | 375.00                 | OR | BASIC FEE                 | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           | ろ minus 20=   |                               | *            | b                |          | X\$ 9=             |                        | OR | X\$18=                    | Θ                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                           | 3 minus 3 =   |                               | *            | 0                |          | X42=               |                        | OR | X84=                      | J                      |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                           |               |                               |              |                  |          | +140=              |                        | OR | +280=                     | 0                      |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                           |               |                               | "0" in c     | olumn 2          |          | TOTAL              |                        | OR | TOTAL                     | 750                    |
| CLAIMS AS AMENDED - PAR (Column 1) (Column                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           |               |                               |              | (Column 3)       |          | SMALL E            | ENTITY                 | OR | OTHER<br>SMALL I          |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 | 7 1.<br>1                                                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus         | **                            |              | =                | L        | X\$ 9=             |                        | OR | X\$18=                    | :                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                                           | *                                         | Minus         | ***                           |              | =                |          | X42=               |                        | OR | X84=                      |                        |
| L_                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                                                           | NTATION OF M                              | ULTIPLE DEI   | PENDEN                        | CLAIM        |                  |          | +140=              |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                           |               |                               |              |                  | L        | TOTAL              |                        | 1  | TOTAL                     |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                           |               |                               |              |                  |          | DDIT. FEE          |                        | OR | ADDIT. FEE                |                        |
| Γ                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | (Column 1)<br>CLAIMS                      |               | HIGH                          |              | (Column 3)       | _        | <del></del> -      | ADDI                   | 1  |                           | ADDI                   |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus         | **                            | -            | =                |          | X\$ 9=             |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                                           | *                                         | Minus         | ***                           |              | =                |          | X42=               |                        | OR | X84=                      |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDEN                                               |                                           |               |                               |              |                  | <b>│</b> | +140=              |                        |    |                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                           |               |                               |              |                  |          |                    |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                           |               |                               |              |                  |          | TOTAL<br>ODIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE       |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | (Column 1)                                |               | (Colu                         |              | (Column 3)       | ı        |                    |                        |    |                           |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus         | **                            |              | =                |          | X\$ 9=             |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                                                           | *                                         | Minus         | ***                           |              | =                |          | X42=               |                        |    | X84=                      |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESE                                                                           | ULTIPLE DE                                | DEPENDENT CLA |                               |              | <b> </b> -       |          |                    | OR                     |    |                           |                        |
| *                                                                                                                                                                                                                                                                                                                                                                                                           | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |               |                               |              |                  |          |                    |                        | OR | +280=                     |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |               |                               |              |                  |          |                    |                        |    |                           |                        |